

## **UCCLC Sunday School Registration Form**

Please fill out this form and return to:

## UCCLC c/o Director of Children & Youth P.O. Box 506 Little Compton, RI 02837

(Last)	(Mother / Guardian #1)	
Address:		ailing(if different)
Phone Number(s) – home:	cell: Mon	1
E-mail(s):		
1. Child's Name:		
Age: Grade:	Age:	Grade:
Birth date:	Birth date:	
(Any allergies &/or special needs?)		or special needs?)
3. Child's Name:	_ 4. Child's Name:	
Age: Grade:	Age:	Grade:
Birth date:	Birth date:	
(Any allergies &/or special needs?)	(Any allergies &	or special needs?)
Photographic Permission/Refusal:  Church staff may occasionally use photograp promotion through publications, websites, an indicating whether you will or will NOT allowage as recorded on tape film, or media to be	d other media. Please che w your child's photograp	eck the line below h, image, likeness, and/o
voice as recorded on tape, film, or media to b  Check here for photographic release release.		
X		Date